

## CHECKLIST FOR COVID-SPECIFIC THERAPY FOR INPATIENTS

Date of COVID symptom onset: \_\_/\_\_/\_\_\_\_

No symptoms [ ]

Date of positive COVID swab: \_\_/\_\_/\_\_\_\_

**If prescribed antibiotics:** check serum procalcitonin level on Day 1 or 2 (*send to lab before 10am*)Stop antibiotics if Pct <0.15 AND no clinical evidence bacterial infection**DOES THE PATIENT REQUIRE SUPPLEMENTAL OXYGEN TO KEEP SATS > 90%?****NO >>>>**

no additional treatments recommended; review if deteriorates

**YES >>>>****AIM OXYGEN SATURATIONS 90 – 94%****1. DEXAMETHASONE 6mg oral daily OR HYDROCORTISONE 50mg iv tds for TEN DAYS**

- Check BMs QDS for at least first 24 hours
- Consider Omeprazole 20mg od
- Stop at discharge

Date started:

\_\_/\_\_/\_\_\_\_

**2. TOCILIZUMAB single dose iv 8mg / kg (max dose 800mg)**

Must meet the following criteria:

- CRP > 75
- OR on CPAP / HFNO for COVID YES [ ]
- ALT < 200 YES [ ]
- No clinical evidence of bacterial infection YES [ ]
  - o Await -ve procalcitonin if unsure
- No immunosuppressant medication YES [ ]

Date given:

\_\_/\_\_/\_\_\_\_

***Tocilizumab can cause prolonged suppression of CRP. CRP may not rise in response to bacterial infection. Ensure patient and GP are aware of this.*****3. REMDESIVIR: for 'high risk' patients : 200mg iv, then 100mg daily for 5 days**

ISARIC4C score of 4 or more at admission: 5% mortality / 15% risk of needing CPAP

Must meet the following criteria

- SYMPTOM ONSET < 10 days ago YES [ ]
- ISARIC4C score ≥4 YES [ ]
- eGFR > 30ml / min YES [ ]
- ALT < 200 YES [ ]
- Not on CPAP / HFNO YES [ ]

Date started:

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*Check LFTs at least every 48h for patients prescribed remdesivir. Stop if ALT >200***4. VTE PROPHYLAXIS: WEIGHT / GFR ADJUSTED ENOXAPARIN (see COVID VTE Guide)****\*\*USE COVID ORDER SETS ON EPMA FOR DEXAMETHASONE, TOCILIZUMAB and REMDESIVIR\*\***

